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(Address)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

TC
7/28/21

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FOD, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. California
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-2492650
(FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 771 Jamacha, #129
(Street Address of Principal Office)
El Cajon, CA 92019

6. 210 Lee Street
(Mailing Address)
Port St. Joe, FL 32456

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Robert E. Turffs, P.A.

Office Address: 4837 Swift Road, #100-11

Sarasota, Florida 34231
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Handwritten signature of Robert E. Turffs, P.A.
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>JEFFREY MAYLE</u>	<input checked="" type="checkbox"/> Manager	Name: <u>VINCENT ESPINOZA</u>
<input checked="" type="checkbox"/> Member	Address: <u>210 Lee Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>1842 Emily Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Port St. Joe, FL 32456</u>	<input checked="" type="checkbox"/> Authorized	<u>El Cajon, CA 92021</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

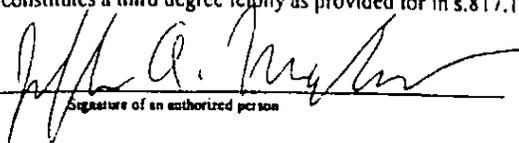
<input checked="" type="checkbox"/> Manager	Name: <u>ARMAND NANNICOLA</u>	<input checked="" type="checkbox"/> Manager	Name: <u>BRANISLAV RADOJCIC</u>
<input checked="" type="checkbox"/> Member	Address: <u>4113 Warren Shore Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>1990 Sweetbay Way</u>
<input checked="" type="checkbox"/> Authorized	<u>Vienna, OH 44473</u>	<input checked="" type="checkbox"/> Authorized	<u>Hollywood, FL 33020</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____			

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person
JEFFREY MAYLE

Typed or printed name of signer

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: FOD, LLC

FILE NUMBER: 201719810341
FORMATION DATE: 07/17/2017
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, SHIRLEY N. WEBER, PH.D., Secretary of State of the State of California, hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 14, 2021.

Shirley N. Weber, Ph.D.
Secretary of State